

# December 05

**Columbus Health Department** 

# Franklin County Child Fatality Review

#### **Annual Community Report**

Includes data from child deaths which occurred in 2000 through 2003





#### **Prepared By:**

Niki J. Kritikos, MPH, Franklin County Child Fatality Review Program Manager

Ben DeJesus, MS, Office of Assessment and Surveillance



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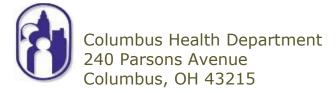




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#### **Dedication**

The Franklin County Child Fatality Review dedicates this report, our findings, and most importantly, our recommendations to the infants and children in our community who have lost their lives and to their families.

We hope that what we have learned and the changes we make, individually, in our agencies, and ultimately in our community will prevent future infant and child deaths.

We respectfully present this report in their memory and their honor.

#### Acknowledgement

This report was prepared by the Columbus Health Department, Division of Planning and Preparedness, for the Franklin County Child Fatality Review.



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Columbus Health Department. Franklin County Child Fatality Review, Annual Community Report, December 2005, Columbus, Ohio. The Columbus Health Department recognizes the following organizations, agencies, and individuals who represent them, for their efforts to protect and care for children. Their commitment and willingness to give their time to the Franklin County Child Fatality Review (FC CFR) makes this report possible. The member agencies include:

- Court Appointed Special Advocates (CASA) of Franklin County
- Central Ohio Sudden Infant Death Syndrome (SIDS)
- Children's Hospital
- Columbus Fire Department
- Columbus Health Department
- Columbus Police Department
- Columbus Public Schools
- Franklin County Alcohol Drug And Mental Health (ADAMH)
- Franklin County Children Services
- Franklin County Coroner's Office
- Franklin County Job and Family Services
- Franklin County Health Department
- Franklin County Juvenile Court
- Franklin County Mental Retardation and Developmental Disabilities (MR/DD) Board
- Franklin County Prosecuting Attorney
- Franklin County Public Defender
- Franklin County Sheriff's Office
- Grandview Heights Fire Department EMS
- Ohio Department of Job and Family Services



#### Columbus Health Commissioner's Message

Message from the Columbus Health Commissioner:

The Columbus Health Department gratefully acknowledges the work of the Franklin County Child Fatality Review (CFR) in producing this important public health document. Though this report deals with a sensitive and troubling issue – the premature death of Franklin County infants and children – the value of this work cannot be understated. For it is only by examining and fully understanding the circumstances of these deaths that we can work to prevent similar childhood tragedies from occurring in the future.

As the administering agency of the Franklin County CFR, the Columbus Health Department is committed to the team's mission of reducing preventable infant and childhood deaths. This annual report and its recommendations represents an important step in that process. The Department is dedicated to working with other partner organizations in creating new policies, procedures or programs to meet the Franklin County CFR mission. An important part of our work in the coming months will be to identify these partner organizations and work collectively to address this report's recommendations.

If this work can result in our community losing one less child, it may be among the most important things we, as health officials, can do.

Sincerely,

Teresa C. Long, M.D., M.P.H.



## Background and Mission

Child Fatality Reviews (CFR) began more than 20 years ago in the U.S. in response to concerns about the underreporting of child deaths resulting from abuse and neglect. Ohio, like a number of other states, has opted for a broader fatality review process that addresses **preventable** child deaths from a public health perspective

#### PREVENTABLE DEATH

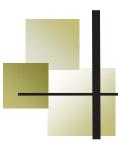
A death in which, with retrospective analysis, it is determined that a **reasonable** intervention (e.g. medical, educational, social, legal or psychological) might have prevented the death.

"Reasonable" is defined as taking into consideration the condition, circumstances, or resources available.

With the *mission of reducing the incidence of preventable infant and child deaths in Franklin County*, the overall objectives of the FC CFR are to:

- Conduct comprehensive retrospective reviews of infant and child deaths by relevant agency representatives.
- Maintain a complete and accurate database of all applicable child deaths to improve understanding of the incidence and causes of those deaths.
- Clearly communicate the CFR findings and results to the public.
- Recommend and develop plans for implementing local service and program changes to reduce preventable deaths.
- Advise the local and state departments of health of aggregate data, trends and patterns found in child deaths.





#### Focus on 2003

Lhis is the Franklin County Child Fatality Review's (FC CFR) Annual Community Report of infant and child fatalities. The FC CFR reviews the deaths of all infants and children, who, at the time of death, were less than 18 years of age and Franklin County residents, and formulates recommendations based on the review findings to prevent future deaths.

The Annual Community Report identifies on the leading causes of death for infants and children in Franklin County and focuses on deaths caused by Sudden Infant Death Syndrome (SIDS), motor vehicle crashes, and firearms and weapons. Additionally, the report highlights the details of the 2003 fatalities and provides a broader analysis for infant and child deaths during 2000-2003.

In 2003, the FC CFR reviewed the deaths of 196 infants and children. Five deaths, however, were excluded from the analysis due to incomplete information. The following information is based on 191 deaths that occurred in 2003 and were reviewed in 2004.

- 77% (147) of the deaths reviewed were attributed to natural causes.
- 70% (135) of the deaths reviewed were to infants less than 1 year of age, of which 128 were due to natural causes.
- Nearly 8% (15) of all reviews were deaths attributed to SIDS. 53% (8) of all SIDS deaths were of Black infants and 66% (10) were male.
- Motor Vehicle deaths accounted for nearly 4% (7) of all reviews. 57% (4) of these children were 15-17 years old and 85 percent (6) were White males.

- More than 6% (12) of the deaths reviewed resulted from the use of firearms and other weapons. 67% (8) of firearm or weapon-related deaths involved teens 15 17 years of age; 92% of victims (11) were male and 75% (9) were Black.
- 3% (6) of the deaths were children who drowned.
- 3% (6) of the deaths were caused by fire and burns.
- Child abuse and neglect accounted for 1% (2) of the deaths, these deaths were to children 1-4 years of age.

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The FC CFR developed nine recommendations based on these 2003 case reviews and submitted them to the CFR for the State of Ohio. The recommendations identify opportunities for service providers, parents, and the community to make changes that will promote a healthier environment for infants, particularly during sleep, while riding in a car, and while administering medication. The recommendations pertaining to older children focus on promoting a safer environment through the use of gun locks, appropriate car seat/restraint use and proper supervision while near, or in, a pool or water.

The goal of FC CFR's Annual Community Report is to inform health care providers, service providers, parents, caregivers, and the community as a whole, regarding the causes of infant and child deaths so that we can collectively make changes that will prevent future infant and child fatalities.



Figure 1.2:

## Franklin County Child Fatality Review

#### Overview of 2000-2003

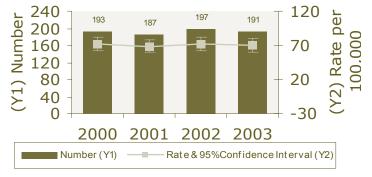
The majority of the deaths reviewed during 2000-2003 were those attributed to natural causes [80.5% (620)], of these 67% (515) were to infants less than one year of age. Accidents and homicides were the second and third leading manner of death<sup>†</sup> for infants and children comprising 10 percent (77) and six percent (46), respectively, of the reviews (Figure 1.2).

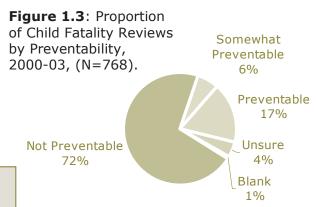
In 2003, the FC CFR reviewed 191 Franklin County infant and child deaths, six fewer than in 2002 (Figure 1.1); the rate of child fatality reviews in Franklin County did not

vary greatly during 2000-2003.

Proportion of Child Fatality Reviews by Accident Manner of Death, 10% 2000-03, (N=768). Suicide 2% Homicide Natural 6% 79% Undetermined 1%

Figure 1.1: Number of Child Deaths Reviewed by Year of Death.

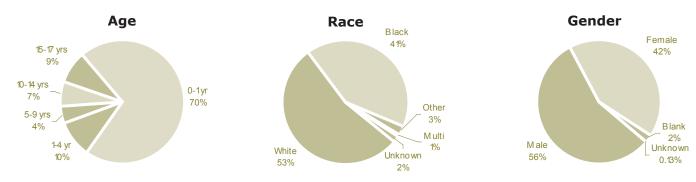




**Manner of Death** - The legal classification of death, stated as natural, accident, suicide, homicide, or undetermined. Cause of Death - The disease or condition that brought about the cessation of life (e.g., trauma, asphyxia, cancer).

Blank 2%

Figure 1.4: Proportion of Child Fatality Reviews by Age, Race, and Gender, 2000-03, (N=768).



**Table 1.1**: Proportion of Child Fatality Reviews by Cause of Death<sup>‡</sup>, 2000-2003.

Cause of Death <sup>‡</sup>	2000-2003 Frequency	
Natural*	563	73%
(Child Age >1)	(105)	(14)
(Child Age 0-1 Year**)	(458)	(60%)
SIDS	57	7%
Vehicular	38	5%
Firearms and Weapons	25	3%
Fire and Burn	18	2%
Any Other Cause	17	2%
Drowning and Submersion	15	2%
Child Abuse and Neglect	14	2%
Suffocation and Strangulation	13	2%
Poisoning	5	0.7%
Electrocution	2	0.3%
Falls	1	0.1%
Grand total	768	100%

Excluding natural deaths, the leading causes of death<sup>‡</sup> for Franklin County infants and children were SIDS, vehicular crashes, and firearms and weapons (Table 1.1).

The FC CFR directs its recommendations and prevention efforts toward the twenty-three percent of infant and child deaths that were determined to be preventable (Figure 1.3).

The maps on the following pages indicate the infant and child death frequency and average death rate for Franklin County (Map 1.1 & 1.2).

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<sup>\*</sup> Natural Deaths include, but are not limited to, deaths caused by: Respiratory/Asthma, Cancer/Neoplasm, Cerebral, Cardiac, Congenital anomalies, Infectious illness, other infection, or other medical condition.

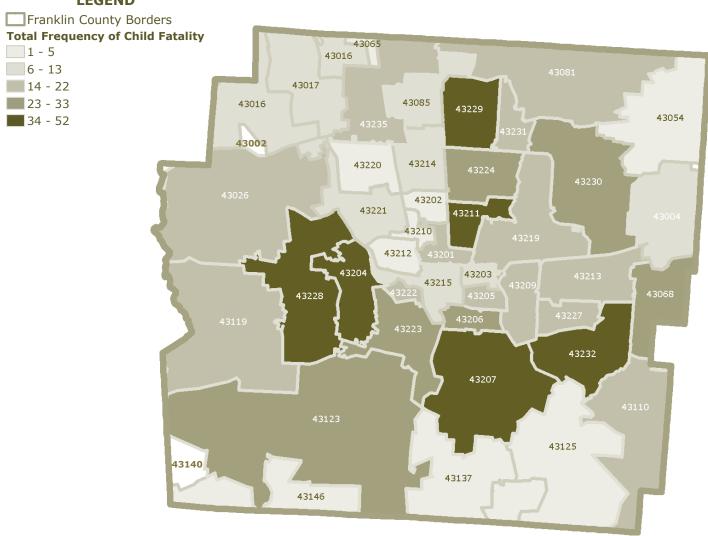
<sup>\*\*</sup>Excludes SIDS, which are tabulated separately



# Child Fatality Maps

Map 1.1: Infant and Child Fatality Frequency by Zip code of Residence, 2000-03.

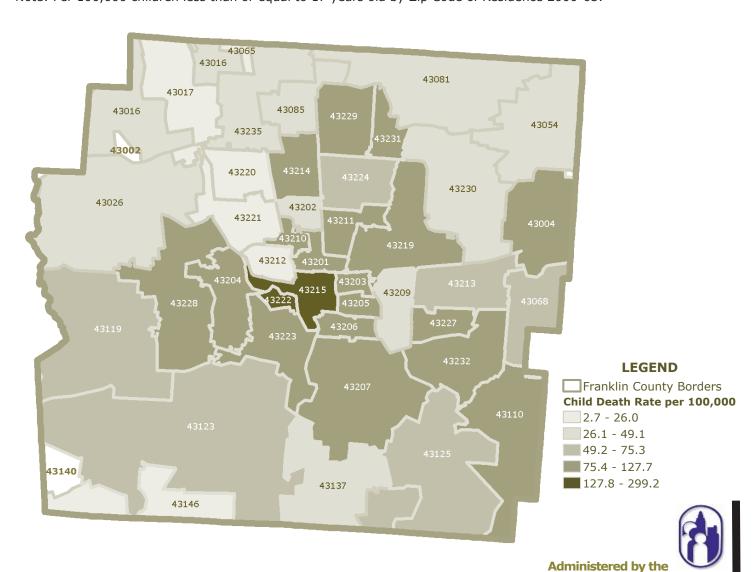
#### **LEGEND**

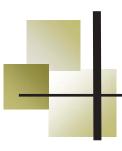


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**Map 1.2**: Average Child Death Rate

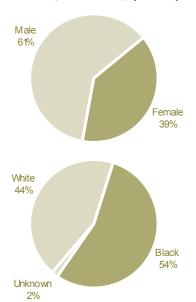
Note: Per 100,000 children less than or equal to 17 years old by Zip Code of Residence 2000-03.





# Sudden Infant Death Syndrome

**Figure 2.1**: Proportion of SIDS deaths by Race and Gender, 2000-03, (N=57).

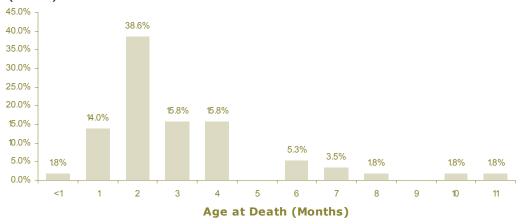




**SIDS** is the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history (Willinger et al., 1991).

The FC CFR reviewed 57 deaths to children from SIDS in 2000-2003, which represents 7.4 percent of all reviews conducted during that period. SIDS deaths among male infants (61 percent) and among Black infants (54 percent) were high relative to their representation in Franklin County's population (Figure 2.1). Consistent with the State as a whole, eighty-six percent of the SIDS deaths in Franklin County occurred to infants before 6 months of age (Figure 2.2).

**Figure 2.2**: Proportion of SIDS Deaths by Age at Time of Death, 2000-03, (N=57).



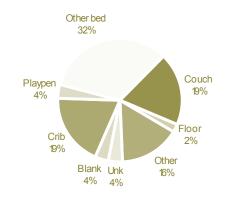
The cause of SIDS is unknown; however, during the review of SIDS deaths, the FC CFR identified potential risk factors that can be modified to reduce the risk of SIDS. The infant's sleep position, sleep location, exposure to smoke during pregnancy and after birth, and overheating while asleep can increase the risk of SIDS.

Of all SIDS deaths, 19 percent occurred in a crib, while 73 percent of SIDS deaths occurred in locations considered unsafe i.e. in other beds, on couches and other locations (Figure 2.3). Forty percent of mothers smoked during their pregnancy and 39 percent of infants were exposed to second hand smoke prior to death (Table 2.1). These findings underscore the importance and necessity of the FC CFR recommendations regarding safe sleep habits and the danger of environmental tobacco smoke.

#### **Recommendations:**

- Healthcare providers should educate parents/ caregivers at hospital discharge about the importance of safe sleep habits for the infant. Education could include a demonstration and emphasize the latest recommendations of how to place a child to sleep.
- Healthcare providers should educate parents about the danger of exposing a fetus or an infant to environmental tobacco smoke (second hand smoke).

**Figure 2.3**: Proportion of SIDS deaths by Location of Infant When Found, 2000-03, (N=57).



**Table 2.1**: Percentage of SIDS deaths by Cigarette Smoke Exposure Risks, 2000-03, (N=57).

Risk	Yes	No	Unk	Blank
Mom smoked during pregnancy	40%	47%	9%	4%
Infant exposed to second hand smoke	39%	5%	49%	7%





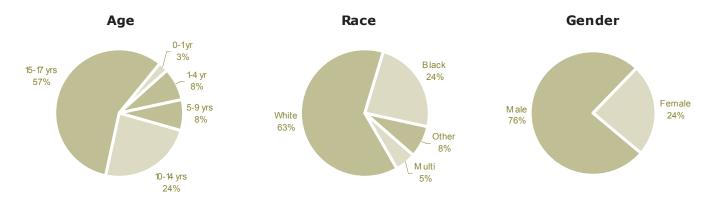
#### Motor Vehicle Crashes

During 2000-2003, the FC CFR reviewed 38 deaths to children from motor vehicle-related crashes. This represents nearly five percent of all reviews and is the cause of most unintentional injury-related deaths for children less than 18 years of age. Fifty-seven percent of the motor vehicle-related deaths occurred to children 15-17 years old. When compared to their representation in Franklin County's population, White (63 percent) and male (76 percent) infants and children died in more often in motor vehicle crashes (Figure 3.1).

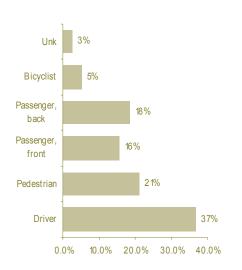
The majority of vehicular child fatalities occurred to infants or children while in a vehicle (71 percent). Fourteen children (36.8 percent) were the drivers of the vehicle at the time of the fatality, six infants and children were front seat passengers, and seven were back seat passengers (Figure 3.2).

In all motor vehicle fatalities, restraint, i.e. seat belt or car seat, was not used in more than forty-two percent of crashes reviewed (Table 3.1). Forty-two percent of deaths reviewed were as a result of driver error, speeding was cited in 42.1 percent and recklessness contributed to 34.2 percent.

Figure 3.1: Vehicular Related Child Fatalities by Age, Race, and Gender, 2000-03, (N=38).



**Figure 3.2**: Proportion of Vehicular Related Child Fatalities by Position of Child, 2000-03, (N=38).



**Table 3.1**: Frequency of Vehicular Fatality Risk Factors by Age of Driver, 2000-03.

Risk Factors*	<16 Years	16-18 Years	>19 Years	Age Unknown	Total	% of 38 vehicular deaths
Alcohol and/or Drug Impaired	0	2	2	2	6	15.8%
Recklessness	3	7	1	2	13	34.2%
Alcohol and/or Drug Impaired/Recklessness	0	1	1	2	4	10.5%
Driver Error	1	4	10	1	16	42.1%
Speeding	2	11	1	2	16	42.1%
Poor Road or Weather Conditions	2	2	2	0	6	15.8%
Restraint Not Used	4	8	4	0	16	42.1%

<sup>\*</sup>Note: More than one factor may be identified for each death

#### **Recommendations:**

- Parents should properly place and install car seats following manufacturer's directions and industry guidelines for age, weight, and size-appropriate car seats for infants/children. Parents should have the placement and installation of the car seat checked by a Certified Child Passenger Safety Technician. Information about Car Seat Fitting Stations can be obtained from the Columbus Health Department Car Seat Hotline at (614) 645-7748.
- Promote alert and safe driving in presence of children and school zones. Drivers should have increased awareness in areas where children are at play or near schools.



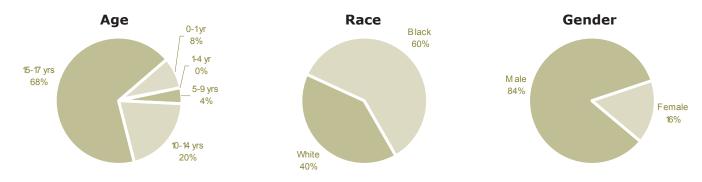
#### Firearms and Weapons

Deaths due to firearms and weapons are the third leading cause of death for infants and children (excluding natural deaths). During 2000-2003, the FC CFR reviewed twenty-five firearm and weapon-related deaths. The majority of the deaths reviewed, occurred to children 15-17 years old (68%, 17); twenty percent (5) of firearm/weapon deaths were 10-14 years of age and eight percent (2) were less than one year old. Sixty percent (15) of CFR weapon related deaths were Black children and eighty-four percent (21) were male (Figure 4.1).

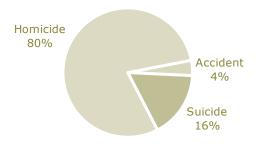
Handguns dominated as the weapon which harmed infants and children (84%, 21). Of the firearm and weapon-related deaths reviewed 80% (20) were homicides, 16% (4) were suicides, and 4% (1) was accidental (Figure 4.2). In sixty percent (15) of the deaths reviewed, firearms and weapons were used with the intent to kill or harm (Figure 4.3)

In sixty-eight percent (17) of the deaths reviewed, the firearm/weapon used was not stored in a locked cabinet, forty-eighty percent (12) of the firearms did not have a trigger lock, and twenty-eight percent (7) of the firearm handlers had a criminal record (Table 4.1). In light of these findings, the FC CFR directed its recommendation to parents in an effort to educate them of the risks their children face.

Figure 4.1: Proportion of Firearm and Weapons-Related Child Fatality Reviews by Age, Race, and



**Figure 4.2**: Proportion of firearm and weapon-related deaths by Manner of Death, 2000-03 (N=25).



**Figure 4.3**: Proportion of firearm and weapon-related deaths by Use of Weapon at Time of Death, 2000-03 (N=25).

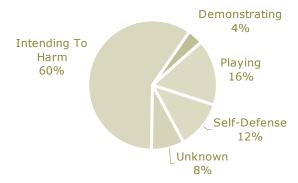


Table 4.1: Selected Firearm and Weapon-Related Child Death Risk Factors, 2000-03.

Selected Risk Factors*	Yes	No	Blank	Unknown	Total
Weapon/Firearm Handler Has Criminal record	7 (28%)	8 (32%)	1 (4%)	9 (36%)	25
Weapon/Firearm Stored in Locked Cabinet	1 (4%)	17 (68%)	2 (8%)	5 (20%)	25
Weapon/Firearm Handler At- tended Gun Safety Class	1 (4%)	8 (32%)	2 (8%)	14 (56%)	25
Weapon/Firearm was Regis- tered	1 (4%)	9 (36%)	9 (36%)	6 (24%)	25
Weapon/Firearm had Trigger Lock	1 (4%)	12 (48%)	2 (8%)	10 (40%)	25

#### Recommendation:

 People, who choose to have firearms in the home, should ensure proper gunlocks are in place to ensure safety in the home. All parents should educate their children to *not* play with guns and if they find/see a gun to report it to an adult immediately.



#### 2003 Recommendations



#### Recommendations for Service Providers:

- 1. Healthcare providers should educate parents/caregivers at hospital discharge about the importance of safe sleep habits for the infant. Education could include a demonstration and emphasize the latest recommendations of how to place a child to sleep. (SIDS)
- 2. Healthcare providers should educate parents about the danger of exposing a fetus or an infant to environmental tobacco smoke (second hand smoke). (SIDS)
- 3. Franklin County Children's Services should evaluate the protocol used to assess mothers and infants who test positive for alcohol or drugs at birth and procedures for initiating a case in the courts. (Child Abuse & Neglect)
- 4. Agencies providing parenting classes should stress that parents and other caretakers consult with a physician about medication dose and schedule prior to giving medication to children, especially over-the-counter medicines for children less than one year old.





#### Recommendations for Parents:

- 1. People, who choose to have firearms in the home, should ensure proper gunlocks are in place to ensure safety in the home. All parents should educate their children to:
  - not play with guns, and
  - report a gun to an adult immediately, if they find/see one. (Firearms and Weapons)





2. Parents should properly place and install car seats following manufacturer's directions and industry guidelines for age, weight, and size-appropriate car seats for infants/children. Parents should have the placement and installation of the car seat checked by a Certified Child Passenger Safety Technician. Information about Car Seat Fitting Stations can be obtained from the Columbus Health Department Car Seat Hotline at (614) 645-7748. (Motor Vehicle)

#### Recommendations for the Community:

- 1. Adults should supervise children when they are swimming or near pool/body of water. Supervision should be constant and undistracted, especially if a lifeguard is not present. (Drowning and Submersion)
- Pool owners should learn and follow the appropriate county or state guidelines concerning swimming pool enclosures, to secure pools from easy access to children, including present and working gates and locks. (Drowning and Submersion)

 Promote alert and safe driving in presence of children and school zones.
 Drivers should have increased awareness in areas where children are at play or near schools. (Motor Vehicle)

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#### Technical Notes & Data Tables

#### Data

Data for this report represent fatalities to children seventeen years of age and younger, residing in Franklin County, OH. The report includes information from child deaths occurring in multiple years (2000 through 2003). There were a total of 770 reviews of child deaths from 2000-2003. Of these, 768 reviews were included in the analysis for this report, based primarily on quality and aberrations in the data. Cases were excluded if there were either multiple causes of death assigned or no cause assigned. Below is the breakdown of cases per year:

Year	Number
2000	193
2001	187
2002	197
2003	191

According to the Ohio Department of Health Vital Statistics, 612 total deaths occurred among persons seventeen years of age or younger between 2000 and 2002 (At the date of printing this document, 2003 mortality data was not available from ODH Vital Statistics). Thus, the 577 cases reviewed from 2000-2002 represent 94% of all deaths seventeen years old and younger reported by the ODH Vital Statistics for the same time period.

#### Rates

The overall CFR rates by year presented in this report are calculated by dividing each year's frequency of Franklin County CFR deaths by the appropriate 2000-03 National Center for Health Statistics Population Bridged file estimates of 0-17 year olds, and multiplying this figure by 100,000 to achieve the rate per 100,000 population.

The average 2000-03 zip code level CFR rates presented in this report are calculated by dividing the 2000-03 average zip code specific frequency of CFR deaths by the appropriate 2000 US Census Zip Code Tabulation Area estimates of 0-17 year olds, and multiplying this figure by 100,000 to achieve the rate per 100,000 population.

## Cause of Death by Year

**Table 1**: Frequency of Child Fatality by Cause of Death and Year Category

Cause of Death	2000-2003 Frequency	% of Grand Total	2000-2002	% of 2000-02 Grand Total	2003	% of 2003 Grand Total
Natural	563	73%	426	74%	137	72%
(Child Age >1)	(105)	(14%)	(81)	(14%)	(24)	(13%)
(Child Age 0-1 Year*)	(458)	(60%)	(345)	(60%)	(113)	(59%)
SIDS	57	7%	42	7%	15	8%
Vehicular	38	5%	31	5%	7	4%
Firearms and Weapons	25	3%	13	2%	12	6%
Fire and Burn	18	2%	12	2%	6	3%
Any Other Cause	17	2%	12	2%	5	3%
Drowning and Submersion	15	2%	11	2%	4	2%
Child Abuse and Neglect	14	2%	12	2%	2	1%
Suffocation and Strangulation	13	2%	13	2%	0	0%
Poisoning	5	1%	4	1%	1	<1%
Electrocution	2	<1%	0	0%	2	1%
Falls	1	<1%	1	<1%	0	0%
Grand total	768	100%**	577	100%**	191	100%**

()Items in parentheses are subsets of natural cause of death category.

<sup>\*\*</sup>Due to rounding, percentages may not total 100% for each column.



<sup>\*</sup>Excludes SIDS, which are tabulated separately.



# Cause of Death by Year and Race

**Table 2**: Frequency of Child Fatality by Cause of Death, Race and Year Category

	White			Black			Multi/Other/Unknown		
Cause of Death	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)
Natural	301 (73%)	232 (73%)	69 (71%)	234 (74%)	177 (74%)	57 (71%)	28 (76%)	17 (74%)	11 (79%)
Child Age >1	68 (17%)	53 (17%)	15 (16%)	35 (11%)	27 (11%)	8 (10%)	2 (5%)	1 (4%)	1 (7%)
Child Age 0-1*	233 (56%)	179 (57%)	54 (56%)	199 (63)	150 (63%)	49 (61%)	26 (70%)	16 (70%)	10 (71%)
SIDS	25 (6%)	18 (6%)	7 (7%)	31 (10%)	23 (10%)	8 (10%)	1 (3%)	1 (4%)	-
Child Abuse and Neglect	6 (1%)	5 (2%)	1 (1%)	8 (3%)	7 (3%)	1 (1%)	-	-	-
Vehicular	24 (6%)	18 (6%)	6 (6%)	9 (3%)	8 (3%)	1 (1%)	5 (14%)	5 (21%)	-
Fire and Burn	12 (3%)	8 (3%)	4 (4%)	6 (2%)	4 (2%)	2 (3%)	-	-	-
Drowning and Submersion	8 (3%)	7 (2%)	1 (1%)	5 (2%)	4 (2%)	1 (1%)	2 (5%)	-	2 (14%)
Falls	1 (<1%)	1 (<1%)	-	-	-	-	-	-	-
Poisoning	2 (1%)	1 (<1%)	1 (1%)	3 (1%)	3 (2%)	-	-	-	-
Electrocution	1 (<1%)	-	1 (1%)	-	-	-	1 (3%)	-	1 (7%)
Firearms and Weapons	10 (2%)	7 (2%)	3 (3%)	15 (5%)	6 (3%)	9 (11%)	-	-	-
Suffocation and Strangulation	11 (3%)	11 (4%)	-	2 (<1%)	2 (1%)	-	-	-	-
Any Other Cause	12 (3%)	8 (3%)	4 (4%)	5 (2%)	4 (2%)	1 (1%)	-	-	-
Blank/Unknown	-	-	-	-	-	-	-	-	-
Total	413**	316	97	318	238	80	37	23	14

<sup>\*</sup>Excludes SIDS, which are tabulated separately.

<sup>\*\*</sup>Due to rounding, percentages may not total 100% for each column.

## Cause of Death by Year & Gender

Table 3: Frequency of Child Fatality by Cause of Death, Gender and Year Category

		Male			Female		Unknown/Not Reported			
Cause of Death	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	
Natural	300 (70%)	228 (71%)	72 (65%)	250 (77%)	190 (77%)	60 (79%)	13 (93%)	8 (89%)	5 (100%)	
Child Age >1	58 (14%)	43 (13%)	15 (14%)	44 (14%)	36 (15%)	8 (11%)	3 (21%)	2 (22%)	1 (20%)	
Child Age 0-1*	242 (56%)	185 (57%)	57 (52%)	206 (64%)	154 (62%)	52 (69%)	10 (7%)	6 (67%)	4 (80%)	
SIDS	35 (8%)	25 (8%)	10 (9%)	22 (7%)	17 (7%)	5 (7%)	-	-	-	
Child Abuse and Neglect	6 (1%)	5 (2%)	1 (1%)	8 (2%)	7 (3%)	1 (1%)	-	-	-	
Vehicular	29 (7%)	23 (7%)	6 (5%)	9 (3%)	8 (3%)	1 (1%)	-	-	-	
Fire and Burn	8 (2%)	4 (1%)	4 (4%)	10 (3%)	8 (3%)	2 (3%)	-	-	-	
Drowning and Submersion	9 (2%)	7 (2%)	2 (2%)	6 (2%)	4 (2%)	2 (3%)	-	-		
Falls	1 (<1%)	1 (<1%)	-	-	-	-	-	-	-	
Poisoning	2 (1%)	2 (1%)		3 (1%)	2 (1%)	1 (1%)	-	-	-	
Electrocution	2 (1%)	-	2 (2%)	-	-	-	-	-		
Firearms and Weapons	21 (5%)	10 (3%)	11 (10%)	4 (1%)	3 (1%)	1 (1%)	-	-	-	
Suffocation and Strangulation	9 (2%)	9 (3%)	-	4 (1%)	4 (2%)	-	-	-	-	
Any Other Cause	9 (2%)	7 (2%)	2 (2%)	7 (2%)	4 (2%)	3 (4%)	1 (7%)	1 (11%)	-	
Blank/Unknown	-	-	-	-	-	-	-	-	-	
Total	431**	321	110	323	247	76	14	9	5	

<sup>\*</sup>Excludes SIDS, which are tabulated separately.

<sup>\*\*</sup>Due to rounding, percentages may not total 100% for each column.





# Cause of Death by Year & Age Group

Table 4: Frequency of Child Fatality by Cause of Death, Age-Group and Year Category

		Age 0-1			Age 1-4	
Cause of Death	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)
Natural	458 (85%)	345 (85%)	113 (84%)	48 (64%)	37 (65%)	11 (61%)
Child Age >1	NA	NA	NA	48 (64%)	37 (65%)	11 (61%)
Child Age 0-1*	458 (85%)	345 (85%)	113 (84%)	NA	NA	NA
SIDS	57 (115)	42 (10%)	15 (11%)	NA	NA	NA
Child Abuse and Neglect	7 (1%)	7 (2%)	-	7 (9%)	5 (9%)	2 (11%)
Vehicular	1 (<1%)	1 (<1%)	-	3 (4%)	2 (4%)	1 (6%)
Fire and Burn	2 (<1%)	1 (<1%)	1 (1%)	8 (11%)	7 (12%)	1 (6%)
Drowning and Submersion	1 (<1%)	-	1 (1%)	6 (8%)	3 (5%)	3 (2%)
Falls	-	-	-	-	-	-
Poisoning	1 (<1%)	1 (<1%)	-	-	-	-
Electrocution	-	-	-	-	-	-
Firearms and Weapons	2 (<1%)	1 (<1%)	1 (1%)	-	-	-
Suffocation and Strangulation	4 (1%)	4 (1%)	-	1 (1%)	1 (2%)	-
Any Other Cause	9 (2%)	6 (1%)	3 (2%)	2 (3%)	2 (4%)	-
Blank/Unknown	-	-	-	-	-	-
Total	542**	408	134	75	57	18

**Table 4 Continued on next page** 

<sup>\*</sup>Excludes SIDS, which are tabulated separately.

<sup>\*\*</sup>Due to rounding, percentages may not total 100% for each column.

Table 4: Continued from previous page...

	Age 5-9				Age 10-14			Age 15-17	
Cause of Death	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)
Natural	22 (67%)	19 (70%)	3 (50%)	18 (35%)	14 (36%)	4 (31%)	17 (26%)	11 (24%)	6 (30%)
Child Age >1	22 (67%)	19 (70%)	3 (50%)	18 (35%)	14 (36%)	4 (31%)	17 (26%)	11 (24%)	6 (30%)
Child Age 0-1*	NA	NA	NA	NA	NA	NA	NA	NA	NA
SIDS	NA	NA	NA	NA	NA	NA	NA	NA	NA
Child Abuse and Neglect	-	-	-	-	-	-	-	-	-
Vehicular	3 (9%)	3 (11%)	-	9 (17%)	7 (18%)	2 (15%)	22 (33%)	18 (39%)	4 (20%)
Fire and Burn	3 (9%)	2 (7%)	1 (17%)	5 (10%)	2 (5%)	3 (23%)	-	-	-
Drowning and Submersion	1 (3%)	1 (4%)	-	5 (10%)	5 (13%)	-	2 (3%)	2 (4%)	-
Falls	-	-	-	-	-	-	1 (2%)	1 (2%)	-
Poisoning	-	-	-	3 (6%)	2 (5%)	1 (8%)	1 (2%)	1 (2%)	-
Electrocution	1 (3%)	-	1 (17%)	-	-	-	1 (2%)	-	1 (5%)
Firearms and Weapons	1 (3%)	-	1 (17%)	5 (10%)	3 (8%)	2 (15%)	17 (26%)	9 (20%)	8 (40%)
Suffocation and Strangulation	-	-	-	4 (8%)	4 (10%)	-	4 (6%)	4 (9%)	-
Any Other Cause	2 (6%)	2 (7%)	-	3 (6%)	2 (5%)	1 (8%)	1 (2%)	-	1 (5%)
Blank/Unknown	-	-	-	-	-	-	-	-	-
Total	33	27	6	52	39	13	66	46	20





# Manner of Death, Age-Group, and Year

Table 5: Frequency of Child Fatality by Manner of Death, Age-Group, Gender, Race and Year

		Natural			Accident			
Age-Group	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)		
Birth-27 days	371 (61%)	282 (61%)	89 (61%)	2 (3%)	2 (4%)	-		
28 days-1 year	134 (22%)	101 (22%)	33 (22%)	10 (13%)	7 (12%)	3 (16%)		
1-4 years	46 (8%)	35 (8%)	11 (8%)	13 (17%)	9 (15%)	4 (21%)		
5-9 years	22 (4%)	19 (4%)	3 (2%)	6 (8%)	5 (9%)	1 (5%)		
10-14 years	18 (3%)	14 (3%)	4 (3%)	23 (30%)	17 (29%)	6 (32%)		
15-17 years	18 (3%)	11 (2%)	7 (5%)	24 (31%)	19 (32%)	5 (26%)		
Total	609	462	147	78	59	19		
Gender								
Male	332 (55%)	251 (54%)	81 (55%)	48 (62%)	34 (58%)	14 (74%)		
Female	264 (43%)	203 (44%)	61 (42%)	30 (63%)	25 (42%)	5 (26%)		
Unknown/Blank	13 (2%)	8 (2%)	5 (3%)	-	-	-		
Total	609	462	147	78	59	19		
Race								
White	321 (53%)	247 (54%)	74 (50%)	41 (53%)	29 (49%)	12 (63%)		
Black	259 (43%)	197 (42%)	62 (42%)	29 (37%)	25 (42%)	4 (21%)		
Other	16 (3%)	14 (3%)	2 (1%)	4 (5%)	3 (5%)	1 (5%)		
Unknown	10 (2%)	2 (<1%)	8 (5%)	2 (3%)	-	2 (10%)		
Multiple	3 (1%)	2 (<1%)	1 (1%)	2 (3%)	2 (3%)	-		
Total	609**	462	147	78	59	19		

Table 5 Continued on next page

<sup>\*\*</sup>Due to rounding, percentages may not total 100% for each column.

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**Table 5**: Continued from previous page...

	Homicide			Suicide			Undetermined		
Age-Group	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)	2000-2003 (% of Total)	2000-02 (% of Total)	2003 (% of Total)
Birth-27 days	2 (5%)	2 (8%)	-	-	-	-	1 (10%)	1 (11%)	-
28 days-1 year	10 (23%)	8 (31%)	2 (12%)	-	-	-	3 (30%)	2 (22%)	1 (100%)
1-4 years	10 (23%)	7 (27%)	3 (18%)	-	-	-	4 (40%)	4 (44%)	-
5-9 years	3 (7%)	1 (4%)	2 (12%)	-	-	-	2 (20%)	2 (22%)	-
10-14 years	4 (9%)	2 (8%)	2 (12%)	5 (39%)	4 (33%)	1 (100%)	-	-	-
15-17 years	14 (33%)	6 (23%)	8 (47%)	8 (62%)	8 (67%)	-	-	-	-
Total	43	26	17	13	12	1	10	9	1
Gender									
Male	28 (65%)	15 (58%)	13 (77%)	10 (77%)	10 (83%)	-	5 (50%)	5 (56%)	-
Female	15 (35%)	11 (42%)	4 (24%)	3 (23%)	2 (18%)	1 (100%)	4 (40%)	3 (33%)	1 (100%)
Unknown/Blank	-	-	-	-	-	-	1 (10%)	1 (11%)	-
Total	43	26	17	13	12	1	10	9	1
Race									
White	19 (44%)	13 (50%)	6 (35%)	12 (92%)	11 (92%)	1 (100%)	9 (90%)	8 (89%)	1 (100%)
Black	24 (56%)	13 (50%)	11 (65%)	1 (78%)	1 (8%)	-	1 (10%)	1 (11%)	-
Other	-	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-	-
Multiple	-	-	-	-	-	-	-	-	-
Total	43	26	17	13	12	1	10	9	1





#### 2004 FC CFR Members

The members listed below, and the agencies they represent, participated in the FC CFR in 2004; their efforts made this report possible.

**Chris Alexander** 

Grandview Heights Fire Department

**Billy Almon** 

Columbus Fire Department

**Bruce Barber** 

Franklin County
Department of Job & Family Services

**Kathy Cowen** 

Columbus Health Department

**Patrick Fardal** 

Franklin County Coroner's Office

**Kate Foulke** 

Columbus Health Department

**Felice Harris** 

Columbus Public Schools

**Christine Julian** 

Franklin County Prosecutor's Office

Niki Kritikos

Columbus Health Department

**Susan Laughin-Schopis** 

Public Defender's Office

**Patti Marcum** 

Franklin County Children's Services

**James McCoskey** 

Columbus Police Department

**Keith McCloud** 

ADAMH Board of Franklin County

**Frank New** 

Franklin County MR/DD Board

Kathleen Nicol, M.D.

Children's Hospital

**Carolyn Slack** 

Columbus Health Department

Phillip V. Scribano

Center for Child & Family Advocacy

**Russell Redman** 

Columbus Police Department

**Charles Reiner, M.D.** 

Central Ohio SIDS

Michael Robison

Ohio Department of Job & Family Services

**Julie Robbins** 

Columbus Health Department

**Ross Staggs** 

Franklin County Sheriff's Office

**Collie Trant** 

Franklin County Coroner's Office

**Matt Ulrich** 

CASA of Franklin County

**Janet Welsh** 

Columbus Public Schools

Jennifer Zid

Franklin County Children's Services

#### References

Willinger, M., James, L.S., and Catz, C. "Defining the Sudden Infant Death Syndrome (SIDS): Deliberations of an Expert Panel Convened by the National Institute of Child Health and Human Development." *Pediatric Pathology* September–October 1991; 11(5): 677–84.



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#### References

Willinger M., James, LS., and Catz, C. "Defining the Sudden Infant Death Syndrome (SIDS) Deliberations of an Expert Panel Convened by the National Institute of Child Health and Human Development." *Pediatric Pathology* September-October 1991; 11(5):677-84.



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